

# Application for a New North Carolina Sleep Products Manufacturer's License

## Public Health Pest Management, Sleep Products Program

North Carolina Department of Environment and Natural Resources, Division of Environmental Health

Phone: 919-571-4814, Fax: 919 571-4967

<http://www.deh.enr.state.nc.us/phpm/index.htm>

Company Name:		Registration Number:	
Street Address (Box Number, Street Address, Rural Route, or Other):			
City, State, Zip (City, Town or Post Office, State and Zip Code):			Country:
Plant Location (Street Address or Adequate Directions to Plant):			County (if in NC)
Contact Person (Name and Title):		Phone Number:	
		Fax Number:	
		Email:	

A person or business not registered in North Carolina in the preceding year must pay \$720.00 to the Department, **prorated in accordance with the quarter of the year in which business began**. Submission of proof of business volume at the time of renewal will allow determination of the actual fee. The fee will be calculated at .052 cents per bedding units manufactured and sold in this State, manufactured outside of this State and sold in this State; and manufactured in this State but not sold in this State. If the initial payment is more than the amount of the fee, the Department will issue a refund. Please submit a letter of request when renewing your license. If the initial payment is less than the fee the person or business will pay the difference. In any event, the State retains the right to request an outside audit and verification of your calculations. The audit will be completed at your expense.

To determine the estimated fee for the remainder of this calendar year, select the quarter that you began production or sales in North Carolina. If you are applying for the purpose of beginning production or sales upon receipt of your license, select the quarter the application is being submitted. (Make only one choice)

1 <sup>st</sup> Quarter	January through March	\$720.00 _____
2 <sup>nd</sup> Quarter	April through June	\$540.00 _____
3 <sup>rd</sup> Quarter	July through September	\$360.00 _____
4 <sup>th</sup> Quarter	October through December	\$180.00 _____

Federal Tax ID Number / EIN: \_\_\_\_\_ Chief Financial Officer: \_\_\_\_\_  
(Required)

*In signing this form, I verify that all information given is complete and accurate.*

\_\_\_\_\_  
Signature of Officer in Charge

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Official Title: \_\_\_\_\_

*Attach a sample law label for your product(s) with this application. If you do not have a URN and are requesting assignment of a North Carolina number, you will be given 30 business days after licensing to have labels printed and samples returned to this office. If you have a URN assigned by another state, please include a copy of your current license from that state with this application.*

**Complete the form, attach payment and law tag(s) and mail to:  
Make checks payable to Public Health Pest Management**

Mailing Address:  
Public Health Pest Management  
1631 Mail Service Center  
Raleigh, North Carolina 27699-1631

\*\*\*\*\*Overnight Deliveries\*\*\*\*\*  
Public Health Pest Management  
Room 206  
3825 Barrett Drive  
Raleigh, North Carolina 27609

**Please be advised there will be a \$25.00 service charge on any returned checks.**